FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SE6 Mail Processing Section

FORM D

IAN 227008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

Washington, DC (check if this is an amendment and name has changed, and indicate change.) Name of Offering Private Placement of Limited Partnership Interests of Cardinal Partners, L.P. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Cardinal Partners, L.P. Telephone Number (Including Area Code) Address of Executive Offices (No. and Street, City, State, Zip Code) 2100 McKinney Avenue, Suite 1770, Dallas, Texas 75201 (214) 871-6816 Address of Principal Business Operations (No. and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** Investment Partnership Type of Business Organization \boxtimes П corporation other (please specify): limited partnership, already formed П business trust limited partnership, to be formed Year Month Actual or Estimated Date of Incorporation or Organization: 0 9 **⊠** Actual ☐ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: TX CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C. 77d(6)

When To File; A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where To File; U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Capies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed

Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)

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FINANCIAL

_			A. BASIC IDENTIF	ICATION DATA							
2.	Enter the information r	equested for the fo	ollowing:								
х	Each promoter of the is	ssuer, if the issuer	has been organized within the	nast five years:							
X	,,,,,,,,,,										
	issuer;										
X X	Each executive officer Each general and mana		rporate issuers and of corporate	e general and managing partner	rs of partnership is	ssuers; and					
	eck Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	☐ Director	☑ General and/or Managing Partner					
	ll Name (Last name first, PMG, Inc., General Part										
			Street, City, State, Zip Code)								
	00 McKinney Avenue, S										
	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner					
	ll Name (Last name first,	if individual)		· · · · · · · · · · · · · · · · · · ·							
	teman, John, President siness or Residence Addi	ress (Number and	Street, City, State, Zip Code)								
	00 McKinney Avenue, S										
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner					
Fu	Il Name (Last name first,	if individual)									
Bu	siness or Residence Addi	ess (Number and	Street, City, State, Zip Code)								
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Fu	Il Name (Last name first,	if individual)									
Bu	siness or Residence Addi	ress (Number and	Street, City, State, Zip Code)								
Ch	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Fu	Il Name (Last name first,	if individual)									
Bu	siness or Residence Add	ess (Number and	Street, City, State, Zip Code)								
Ch	eck Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Fu	ll Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·		•						
Bu	siness or Residence Add	ess (Number and	Street, City, State, Zip Code)								
Ch	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Fu	Il Name (Last name first,	if individual)									
Bu	siness or Residence Addi	ess (Number and	Street, City, State, Zip Code)								

B. INFORMATION ABOUT OFFERING														
1. F	. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes □	No ⊠				
2. V	What is the minimum investment that will be accepted from any individual?												\$ <u>100</u>	,000,00
3. [Does the offering permit joint ownership of a single unit:											Yes	No	
ir or (f	indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name	of Assoc	iated Bro	ker or I	Dealer										
	in Which													411.0
(Chec		ates" or o	heck inc	lividual [CA]	States).	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)		All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]		[NV]	[NH]	[KN]	[MM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]		
[RI]	[SC]	(SD)	[TN]	[TX]	[ບາງ	[VT]	[VA]	[WA]	[WV]	[wi]	[WY]	[PR]		
Full N	ame (Las	t name f	irst, if in	dividua	l)				.					-
Busin	ess or Res	sidence /	Address	(Numbe	r and St	eet, City	y, State,	Zip Cod	le)					
Name	of Assoc	iated Bro	oker or [Dealer								·		
	in Which										•			All States
(Chec		ates" or o	neck ind	ividuai [CA]	States).	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]		[NV]	(NH)	[UN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Las	st name f	irst, if in	ndividua	l)		·							
Busin	ess or Re	sidence /	Address	(Numbe	r and St	reet, City	y, State,	Zip Coo	le)					
Name	of Assoc	iated Bro	oker or I	Dealer										
	in Which													
(Chec	k "All St	ates" or o	heck inc	dividual	States).	• • • • • • • • • • • • • • • • • • • •		•••••			•••••			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	{PA}		
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt Equity ☐ Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests..... \$ 825,922.00 825,922.00 _____)..... Other (Specify __ Total \$ 825,922,00 825,922.00 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases 825,922.00 Accredited Investors Non-accredited Investors 0 0 Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Dollar Amount Type of Security Sold Rule 505 N/A Regulation A..... N/A N/A Rule 504..... N/A N/A Total N/A N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... O Printing and Engraving Costs Legal Fees \boxtimes 10,000

0

0

0 10,000

Accounting Fees

Other Expenses (identify)

Total

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EX	PENSES AND USE	OF PF	ROCEEDS	<u> </u>
	and total expenses furnished in respons	regate offering price given in response to e to Part C-Question 4.a. This difference	is the "adjusted gross			\$ <u>815,922.00</u>
5.	each of the purposes shown. If the amo	ed gross proceeds to the issuer used or prount for any purpose is not known, furnish. The total of the payments listed must expect to Part C-Question 4.b. above.	an estimate and			
				O Dire	ments to fficers, ectors, & ffiliates	Payments To Others
	Salaries and fees			\$		s
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and in	stallation of machinery and equipment		S		\$
	Construction or leasing of plant b	ouildings and facilities		S		s
	Acquisition of other businesses (i may be used in exchange for the	including the value of securities involved assets or securities of another issuer pursu	in this offering that iant to a merger)	s		s
	Repayment of indebtedness	·····		s		\$
	Working capital	\$		\$		
	Other (specify) (investments)			s		\$ 815,922.00
	Column Totals			s		\$ <u>815,922.00</u>
	Total Payments Listed (column to	\$ <u>815,922.00</u>				
		D. FEDERAL SIGNAT	URE			
ign	ature constitutes an undertaking by the iss	gned by the undersigned duly authorized suer to furnish to the U.S. Securities and In-accredited investor pursuant to paragrap	Exchange Commission,	filed un upon wr	der Rule 50 itten reques	05, the following st of its staff, the
lss	uer (Print or Type)	Signature	Date			
Ca	rdinal Partners, L.P.	20 کے	08			
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Jol	nn_Bateman	President of CPMG, Inc., General I	Partner			
		ATTENTION				
_	Intentional misstatements of	r omissions of fact constitute feder	al criminal violations	s. (See	18 U.S.C	. 1001).

		E. STATE SIGNATURE							
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?									
	See Appendi	x, Column 5, for state response.							
2.	 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. 								
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	e issuer has read this notification and knows t dersigned duly authorized person.	he contents to be true and has duly caused this no	tice to be signed on its	s behalf by the					
Iss	uer (Print or Type)	Signature	Date						
Cai	rdinal Partners, L.P.	January 15, 200							
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)							
Joh	n Bateman	President of CPMG, Inc., General Partner							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

5 1 2 3 Type of security and aggregate offering price offered in state Disqualification under State ULOE (if yes, Intend to sell to non-accredited attach explanation of waiver granted) investors in State Type of investor and amount purchased in State (Part C-Item 2) (Part B-(Part C-(Part E-Item 1) Ìtem 1) Îtem 1) Number of Non-Limited Number of Accredited Partnership Accredited Interests Investors Investors Amount State Yes No Amount ALΑK ΑZ AR CA \mathbf{CO} CT DÉ DC FL GA Ш ſD IL IN ĪΑ KS KY LA ME MDMA MI MN MSMO

APPENDIX

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1	2 3				. 4					
	non-ac investor (Pa	to sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре с	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	ccredited Accredited					
MT										
NE										
NV										
NH		-								
NJ	1									
NM					·					
NY		No	Limited Partnership Interests \$500,000	l	\$500,000	0	\$0	No		
NC										
ND										
ОН				·						
ок										
OR										
PA										
RI										
SC										
SD										
TN					_					
TX		No	Limited Partnership Interests \$325,922	1	\$325,922	0	\$ 0	No		
UT										
VT										
VA										
WA										
wv										

APPENDIX

l	2 3			;	4			5
	Intend to sell to non-accredited investors in State (Part B- Item 1) Type of security and aggregate offering price offered in state (Part C- Item 1)			Туре с	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
WI								
WY								
PR								

